County: Dunn DUNN COUNTY HEALTH CARE CENTER - FDD 3001 US HIGHWAY 12 EAST MENOMONIE 54751 Phone: (715) 232-2661
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 52
Total Licensed Bed Capacity (12/31/00): 52
Number of Residents on 12/31/00: 51 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** No No Average Daily Census: **50**

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	l/ 00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	13. 7 13. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	51.0	More Than 4 Years	72. 5
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	0. 0 0. 0	65 - 74 75 - 84	25. 5 13. 7		100. 0
Adult Day Care	No No	Al cohol & Other Drug Abuse	0.0	85 - 94 95 & 0ver	9. 8 0. 0	********************	*******
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & Over		Full-Time Equivaler Nursing Staff per 100 Re	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	0. 0 0. 0	65 & 0ver	100. 0 49. 0	(12/31/00)	
Transportati on	No	Cerebrovascul ar	0. 0	03 & 0vei		RNs	8. 0
Referral Service Other Services	No Yes	Di abetes Respi ratory	0. 0 0. 0	Sex	%	LPNs Nursing Assistants	5. 8
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	51. 0	Aides & Orderlies	44. 4
Mentally Ill Provide Day Programming for	No		100. 0	Female	49. 0		
Developmentally Disabled	Yes		100.0		100. 0		

Method of Reimbursement

		Medica (Title		(Medic (Title			0th	er	Pri	vate 1	Pay		Manageo	l Care		Percent
			Per Dien	n		Per Die	m		Per Diem	1]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0	\$0.00	Ŏ	0. 0%
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				51 1	100.0	\$135.50	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	51	100.0%
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total	0	0. 0		51 1	100.0		0	0.0		0	0.0		0	0.0		51	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period Total % Needing Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 28.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 14. 3 Baťhi ng 0.0 31.4 68. 6 51 Other Nursing Homes 28.6 Dressi ng 17.6 37.3 45. 1 51 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 39. 2 0.0 23. 5 37. 3 51 31.4 0.0 Toilet Use 25. 5 43. 1 51 49.0 0.0 Eating 27.5 23. 5 51 Other Locations 28.6 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7.8 2. 0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 41.2 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 35. 3 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 20.0 Mobility 5. 9 Physically Restrained 0.0 0.0 92. 2 0.0 Other Locations 40.0 Skin Care Other Resident Characteristics 3. 9 Deaths 40.0 With Pressure Sores Have Advance Directives 88. 2 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs 52.9 (Including Deaths)

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s		DD		11			
	Facility	Faci	ilities	Faci	lties			
	%	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	96. 2	85. 5	1. 12	84. 5	1. 14			
Current Residents from In-County	39. 2	42. 1	0. 93	77. 5	0. 51			
Admissions from In-County, Still Residing	28. 6	19. 5	1. 47	21. 5	1. 33			
Admissions/Average Daily Census	14. 0	16. 4	0. 85	124. 3	0. 11			
Discharges/Average Daily Census	10. 0	19. 2	0. 52	126. 1	0. 08			
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0.00	49. 9	0.00			
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0.00			
Residents Aged 65 and Older	49. 0	16. 2	3. 02	87. 7	0. 56			
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45			
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0.00			
Developmentally Disabled Residents	100. 0	99. 3	1. 01	7. 6	13. 09			
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0. 00			
General Medical Service Residents	0. 0	0. 2	0. 00	18. 4	0. 00			
Impaired ADL (Mean)*	60. 8	50. 8	1. 20	49. 4	1. 23			
Psychological Problems	52. 9	45. 9	1. 15	50. 1	1. 06			
Nursing Care Required (Mean)*	13. 0	11.0	1. 18	7. 2	1. 82			